Saskatchewan Centennial 2005

100 YEARS OF HEART

2005-2006 PROVINCIAL BUDGET PERFORMANCE PLAN

KIDSFIRST STRATEGY

105-05077/

Ministers' Message

It is our pleasure to present the Performance Plan for the *KidsFirst* Program for 2005-06 and beyond, building on the work undertaken in the 2004-05 Performance Plan. In 2005, the Centennial Year for Saskatchewan, we will continue to dedicate our energy to our most valuable resources, our youngest residents.

Children are our most precious resource. Research consistently shows that the quality of experiences that children have early in life are critical to their long-term success and happiness. The Government of Saskatchewan is committed to providing our Province's vulnerable young children, and their families, with the support and encouragement they need to thrive.

For more than a decade, the Government of Saskatchewan has placed increasing emphasis on building a range of supports for vulnerable children, from prenatal to age five, and their families. The *KidsFirst* Program brings together resources and knowledge from a variety of sectors to provide a co-ordinated, comprehensive approach to assist vulnerable families to nurture their children.

In conjunction with initiatives such as the Métis and Off-Reserve First Nations People Strategy, School^{Plus} and Building Independence, the *KidsFirst* Program demonstrates a commitment by Government to create multisectoral partnerships, which address, in a comprehensive manner, the issues encountered by Saskatchewan children and their families.

We have accomplished much and our goal remains clear: to provide all children with the best possible start in life. We are committed to achieving the actions included in this plan. We will report back to the people of this Province on the progress we have made following year-end.

Andrew Thomson
Minister of Learning

Joanne Crofford
Minister of Community
Resources and Employment

John T. Nilson, Q.C.
Minister of Health

About the *KidsFirst* Strategy

Saskatchewan's *KidsFirst* Program, first announced by the Government in April 2001, is a key interdepartmental initiative designed to support vulnerable families in developing the capacity to nurture their children. The program involves a comprehensive, research-based and strategic array of prevention and early intervention initiatives that focus on providing services for children prenatal to age five, and their families, who are most vulnerable due to their social and economic circumstances. Emphasis is also placed on the prevention of Fetal Alcohol Spectrum Disorder (FASD). This approach is founded on the knowledge that our overall health, well-being and coping skills as adolescents and adults are strongly influenced by the quality of care we receive in our early years.

KidsFirst services support the healthy growth and development of our most vulnerable children by providing intensive supports to families in nine communities across the Province where the need is greatest – that is, where the greatest concentration of vulnerable families exists. The nine targeted communities that receive *KidsFirst* funding are: Meadow Lake, Moose Jaw, Nipawin, the North, North Battleford, Prince Albert, Regina, Saskatoon, and Yorkton.

Other communities in Saskatchewan will benefit from better integration of existing services. Early childhood community developers work with community stakeholders and partners to develop an inventory of currently available services, establish partnerships and protocols for referrals from the Birth Screening Program, determine the capacity of the community in providing services to vulnerable families, and assist the community in realignment of current services to address unmet needs.

KidsFirst Program components are:

- Prenatal casefinding - works with pregnant women to ensure they are receiving nutritional supplements and appropriate medical care
- In-hospital screening - newborns and their families participate to allow service providers to maximize benefits to families
- In-depth assessment - families participate to allow service providers to focus efforts for maximum benefit
- Home visiting – supports *KidsFirst* families to enhance the development of their children
- Early learning opportunities - children participate to enhance learning
- Access to child care – enables families to participate in skills training and the work force
- Dedicated mental health and addictions services – meets families' needs
- Community-based supports – enhances family knowledge, includes literacy, parenting skills, social support and nutrition education

The provincial government and the communities that receive *KidsFirst* funding share management of the *KidsFirst* Strategy. Within the provincial government, three departments contribute resources to the Strategy. The Department of Community Resources and Employment (DCRE) provides funding for child care spaces and early intervention programs; the Department of Health funds birth screening, assessment, and the home visiting program, as well as enhanced mental health, alcohol and drug services. The Department of Learning funds early learning programs and houses the Early Childhood Development Unit. Additionally, the Department of First Nations and Métis Relations provides advice in relation to the Strategy.

The Department of Learning's Early Childhood Development Unit, within the Children's Services and Programs Branch, is responsible for leading the ongoing performance management and policy development of the Strategy on behalf of the provincial government. Each community has a *KidsFirst* Management Committee with either a local school division or health region as the accountable partner. Typically, these committees are made up of representatives from the health region, school division, regional Community Resources and Employment office, and First Nations and Métis organizations.

A partnership agreement exists between the provincial government and each accountable partner, outlining the responsibilities of each party. The provincial government sets policy and program direction, allocates funding, approves community plans, and tracks and reports on the expenditures and progress of the program. The local accountable partner, working in partnership with the local *KidsFirst* Management Committee, is responsible for the continued development and implementation of the *KidsFirst* Program at the local level, within the overall framework provided by the Province. Local communities are accountable to the provincial government and report regularly on the progress of and expenditures for community initiatives.

Further information regarding the Province's Early Childhood Development Strategy and the *KidsFirst* Program can be obtained at http://www.sasked.gov.sk.ca/branches/ecd/.

Plan at a Glance

The 2005-06 *KidsFirst* Strategy outlines the goals and objectives that will guide our efforts over the next several years, as well as the specific actions we plan to undertake in the next year to help fulfill our objectives. The 2005-06 Plan continues the work undertaken in the 2004-05 Plan. While this is a multi-year plan, the plan will continue to evolve over the next several years in response to emerging challenges and opportunities within communities, the overall effectiveness of the *KidsFirst* Program, as well as the feedback we receive from our partners in communities and from participating families. Work also continues to define a set of measures to help gauge progress to fulfilling the objectives of the program. The provincial government provides updates to the public in the Early Childhood Development Annual Progress Report that is published in late fall of each year.

Stakeholder consultation is ongoing. For example, in 2004-05, *KidsFirst* communities, through the program managers and management committees, provided input into the ongoing development of the performance plan. As well, in 2004-05, the *KidsFirst* targeted communities were consulted in the development of the role of the mental health and addictions component of the program, the protocols for work with Child Protection Services of DCRE, protocols for work with Child Day Care Branch of DCRE, development and implementation of a provincial client satisfaction tool, and the training strategy for the *KidsFirst* service providers. Collaboration and consultation with the community partners is an essential component of the philosophy of the *KidsFirst* Program.

KIDSFIRST VISION

Children living in very vulnerable circumstances enjoy a good start in life and are nurtured and supported by caring families and communities. In targeted high-needs communities, supports and services are provided through partnerships between families, communities, service organizations and governments.

GOAL #1

Children in very vulnerable situations are born and remain healthy

OBJECTIVE 1 *- Pregnant women in the program access adequate prenatal care*

OBJECTIVE 2 *- Primary caregivers address their mental health and addiction issues*

OBJECTIVE 3 *- Children maintain good physical health status or improved health status over time*

GOAL #2

Children living in very vulnerable circumstances are supported and nurtured by healthy, well functioning families

OBJECTIVE 1 *- Social support networks, housing, food security, education, employment and income for families will improve over time*

OBJECTIVE 2 *- Family interactions improve over time*

OBJECTIVE 3 *- Families develop and maintain a safe and secure home environment*

GOAL #3

Children living in very vulnerable situations are supported to maximize their ability to learn, thrive and problem solve within their inherent capacity

OBJECTIVE 1 *- Support and nurture children's ability to learn*

GOAL #4

Children living in very vulnerable situations are appropriately served by KidsFirst program and supports

OBJECTIVE 1 *- Establish and maintain shared accountability mechanisms for processes and outcomes*

OBJECTIVE 2 *- Create and maintain a service system for early childhood development that uses a community development approach, is built on existing services, and is integrated, comprehensive, innovative, flexible and inclusive*

OBJECTIVE 3 *- Identify appropriate families in a timely manner and retain them in the program*

OBJECTIVE 4 *- Families are satisfied with KidsFirst services*

2005-06 Financial Overview

The *KidsFirst* Program is the major component of the Province's response to the federal/provincial/territorial Early Childhood Development initiative announced in 2000. In addition to the *KidsFirst* Program, the Province's response includes support for licensed child care, pre-kindergarten and infant mortality programs. Funding for *KidsFirst* is allocated through the three participating departments, as shown below.

2005-06 APPROPRIATION	*(in thousands of dollars)*
Department of Community Resources and Employment	
– Funding is provided for enriched child care spaces and early intervention programs	$ 2,185
Department of Health	
– Funding is provided for birth screening and assessment and the home visiting program, as well as enhanced mental health, alcohol and drug services	8,542
Department of Learning	
– Funding is provided for early learning programs to enhance social development, school readiness, and the ability to learn	2,039
– Funding is provided for operations of the Early Childhood Development Unit, information system support, research and training	1,067
Total Appropriation	$ 13,833

Approximately $12.8 million (92.6 per cent of the 2005-06 budget) is transferred to the accountable partners (regional health authorities and school divisions) to deliver the *KidsFirst* Program and services in targeted communities. This also includes the funding of $648,000 provided to the accountable partners outside of the targeted communities to co-ordinate existing services. An additional $1.1 million has been allocated this year to provide home visiting services to more than 200 additional families. Funding of $545,000 is provided within the Department of Learning to support the information system, as well as ongoing research, evaluation and training activities. The remaining $522,000 (four per cent of the budget) is for the operation of the Early Childhood Development Unit (6.0 FTEs), which is responsible for overseeing the operation of the *KidsFirst* Program on behalf of the provincial government.

Trends and Issues

CRITICAL ROLE OF PREVENTION AND EARLY INTERVENTION

Current research in neuroscience has demonstrated that there is a clear link between brain development and a child's quality of life in the first five years. Most of the "wiring" in the human brain that supports lifelong learning, behaviour and health is in place by the age of six. The focus in early childhood development is on the quality of experience and care in children's early years that determine outcomes in later years.

For every dollar invested in early childhood development, the return to society is higher. Research from the Child Care Education Foundation indicates it costs Canada $2.5 billion every year for remedial education due to delayed development in early childhood. These delays include physical, cognitive and emotional aspects of human development. Research consistently makes it clear that society's return on investment is greater when those investments are made early in life. According to Charlie Coffey, Executive Vice-President, RBC Financial Group, in *The Economics of Early Childhood Development and Care: The cost of not doing enough*:

> 'In today's world, where education and skill levels determine future earnings, the economic and social costs to individuals, communities, and the nation of not taking action on early childhood education are far too great to ignore, especially when the benefits far outweigh the costs'.
> (www.rbc.com/newsroom/20040601coffey.html)

Ultimately, the negative effects of lack of quality of experience and care in early childhood can be cumulative and become evident in problems with cognitive, emotional, physical and social development. These problems are not as visible in the child's early years, but will require intervention at a later time. Intervening early is the most effective means of addressing children's developmental needs and results in the most significant benefit in the long-term for children. Prevention and early intervention result in long-term, beneficial effects in later life, such as improved educational attainment and performance, increased employment, improved social skills, reduced involvement in the criminal justice system, and better health. Quality early learning and care not only protect children's health and safety, but also helps them to develop their full potential.

VULNERABLE CHILDREN AND THEIR FAMILIES

There are a number of social and/or economic circumstances that impact a child's development and well-being. Factors include the family's education, employment and working conditions. Additional social determinants include housing, food security, access to health care services, income and its distribution, social safety net, social exclusion, unemployment and employment security. Children from families living in poverty are significantly more vulnerable to negative childhood outcomes. They are more likely to:

- be living in substandard housing, problem neighbourhoods and families facing significant challenges;
- have health problems and delayed development; and
- not participate in cultural and recreational activities.

The intent of *KidsFirst* is to offer needed supports to vulnerable families and their children who are facing issues in regard to the social determinants of health. If parents are provided the supports they need, they in turn can do a better job of nurturing their children. *KidsFirst* recognizes that parents want to be the best possible parents they can be. For example, it is very difficult for a young mother, without income or transportation, to focus on meeting the early learning needs of her children when her main concern is getting food on the table. This is only one of the many challenges these families face. *KidsFirst* home visitors work with families and existing services available in the community to build the family's capacity to address the challenges in their lives.

KidsFirst assists families with transportation and child care. Barriers such as lack of access to child care and transportation have a significant impact on a family's ability to address their education and employment challenges. With support, it becomes easier for parents to participate in skills upgrading programs or in the workforce.

Parent support programs were implemented in all communities by the end of March 2003. Programs are based on parent-identified need and vary from community to community. In all communities, parents have asked for effective parenting and nutrition programs. These programs have been provided. Programs aimed at increasing social support networks have included parent coffee times and family barbeques. Many of the parent support programs are offered to the broader community. This enhances the development of larger support networks for families.

KidsFirst can increase the independence of families who can, in turn, nurture their children to increased success. The strategy undertaken is one of addressing the social determinants identified.

BUILDING ON COMMUNITY STRENGTHS

The approach used to implement *KidsFirst* has been one of community development, building on existing strengths and programs at the community level. This approach has been used to streamline systems, build working alliances and co-operative networks of service providers, and/or realign services. Efforts to integrate and enhance existing programs have been highly successful. System responsiveness is strengthened to more effectively meet the needs of vulnerable families when services are co-ordinated and flexible.

Communities require programs and service delivery mechanisms that are tailored to their local unique needs and built upon their existing strengths and available resources. The community-based implementation approach has required extensive input from community stakeholders in management, planning, and implementation. The goal has been to determine the most appropriate mix of service delivery options for the community in addition to developing links to services outside of *KidsFirst*. *KidsFirst* is not a single program. It includes a multiple array of program components. *KidsFirst* has not been dropped into communities as an individual entity, but has been integrated with service systems that already exist. Processes related to getting *KidsFirst* off the ground in the targeted communities included:

- realigning services to eliminate duplication;
- ensuring the participation of service delivery organizations (particularly Aboriginal) that may have competing interests;
- identifying how to integrate *KidsFirst* with existing services in a community;
- developing community relationships with organizations;
- locating the physical infrastructure to most effectively support the program; and
- building a pool of trained staff to deliver services.

While these processes are time consuming and complex, significant community commitment and support has been obtained where these activities have been carried out effectively.

ABORIGINAL PARTNERSHIPS

It is critical that meaningful involvement of Aboriginal communities occurs to ensure that Aboriginal interests are effectively addressed and programs are culturally appropriate. Currently, over 90 per cent of the *KidsFirst* program participants are Aboriginal. In recognition of Saskatchewan's growing Aboriginal population and the social challenges facing many Aboriginal communities, all *KidsFirst* initiatives in Saskatchewan emphasize the involvement of Aboriginal peoples and organizations to ensure services are culturally relevant. Involvement includes Aboriginal representation in the local planning of program management and delivery, as well as the use of appropriate Aboriginal service organizations as delivery agents.

Goals, Objectives, Actions and Measures

This section provides the detailed 2005-06 Performance Plan for the *KidsFirst* Strategy. Under each goal below, a number of objectives have been established that support progress towards the broader vision statement. For each objective, a set of key actions has been identified that will be completed in 2005-06. The 2005-06 Strategy builds on the actions undertaken within the 2004-05 Strategy. These key actions are the means for making progress on the objectives.

The number of families participating in the *KidsFirst* program is the key cost driver for the *KidsFirst* Strategy. Accountable partners are provided funding each year based on the total Early Childhood Development budget allocation. The capacity of the program to provide services to the client families is dependent on the level of funding provided. An increase in funding increases the caseload capacity, and as all program sites are currently operating at capacity, the 2005-06 funding level will provide for an increase in the number of client families.

With three years of operation, the *KidsFirst* Program is now mature. Consistent with other programs of this complexity, the program has achieved a stable level of functioning. With this, the actions and activities of the program can now be evaluated. With the implementation of the electronic data tracking system, the outcomes for the program participants will be tracked and evaluated. Over the next year, the provincial government will work with the targeted communities to define a core set of performance measures and baselines to assist in measuring progress in relation to the Strategy.

GOAL #1

Children in very vulnerable situations are born and remain healthy

***OBJECTIVE 1** - Pregnant women in the program access adequate prenatal care*

For children to be born healthy, their mothers must also be healthy. The target group for this component of the program is pregnant women vulnerable to alcohol and/or drug use during pregnancy. Because these women are not referred until they are already pregnant, intervention focuses on reducing the effects of alcohol or drugs on the fetus by the provision of adequate nutrition and prenatal care. As well, the aim is to have subsequent pregnancies alcohol and drug free.

Key Actions for 2005-06

- Admit 160 new pregnant women to the program over the course of the year, for a total of 355 prenatal program participants.
- Ensure pregnant women in the program have access to prenatal supplements.
- Ensure pregnant women and their families have access to prenatal care and education programs.

***OBJECTIVE 2** - Primary caregivers address their mental health and addiction issues*

It is particularly important to address issues of alcohol and drug use by pregnant women because of the effects of these substances on the developing fetus. It is desirable to address these issues holistically. Prenatal supplements can reduce the effects of alcohol use during pregnancy and can also help engage vulnerable women in the program.

It is also important to engage postnatal families in addressing substance abuse and mental health issues in a holistic way. Postpartum depression is a common challenge among *KidsFirst* families and needs to be addressed.

Key Actions for 2005-06

- Ensure pregnant women in the program have access to appropriate mental health and addiction services.
- Ensure access to mental health and addiction services as required by families.
- Maintain 21 mental health and addiction workers to provide direct services to *KidsFirst* families.

***OBJECTIVE 3** - Children maintain good physical health status or improved health status over time*

We know from studies reported in the literature that families in lower socio-economic categories experience poorer health status than families in more favourable circumstances. They often wait until health problems are quite serious before seeking medical help. This leads to problems such as increased infant hospitalizations. As well, there is a higher use of emergency health services. These vulnerable families also experience many barriers to accessing preventative health practices such as prenatal care, child immunization, and screening for optimal growth and development of their children.

Key Actions for 2005-06

- Enable client families to access immunization for their children.
- Provide education regarding the benefits of consistent primary health care.

GOAL #2

Children living in very vulnerable circumstances are supported and nurtured by healthy, well functioning families

OBJECTIVE 1 *- Social support networks, housing, food security, education, employment and income for families will improve over time*

While this objective states some very important outcomes for this program, it should be noted that there are limitations to the level of influence the *KidsFirst* Program can have on achieving them. Through intensive supports provided in the home visiting component of the program, families will receive assistance in making many important linkages to programs and services outside of *KidsFirst* that offer opportunities for improvements to housing, food security, education, employment and income levels. The progress families make in realizing these improvements will largely be dependent on the actions taken within those external programs and services.

Key Actions for 2005-06

- Provide supports to families which promote development of social support networks.
- Assist families to access skills development, training and education resources, including family literacy programs.
- Broaden family access to healthy and stable food resources.
- Facilitate families' access to available benefit programs.

OBJECTIVE 2 *- Family interactions improve over time*

In order to develop good social and emotional health, it is important that children be nurtured by socially and emotionally healthy caregivers. Many of the families in the target group are struggling with these issues because of other stresses in their lives and/or because of a lack of positive role models during their own childhood. Despite their desire to be good caregivers, many of these families have not had the opportunity to learn the parenting skills to develop good relationships with their children. This can lead to poor parent child attachment, difficult child behaviors and poor emotional and social development of the child.

Key Actions for 2005-06

- Provide family life education to client families where appropriate.
- Ensure access to existing community services targeted at development of stronger parenting skills.
- Refer families who identify violence as an issue to appropriate service providers.
- Ensure the program is compliant with The Provincial Child Abuse Protocol.

***OBJECTIVE 3** - Families develop and maintain a safe and secure home environment*

Injuries are a significant cause of hospitalization of children. It is important for families to have access to information that enables them to ensure that their home is safe for children in order to reduce injuries.

Key Actions for 2005-06

- Provide education related to housing and home safety.
- Provide education related to appropriate child safety measures and child discipline.

GOAL #3

Children living in very vulnerable situations are supported to maximize their ability to learn, thrive and problem solve within their inherent capacity

***OBJECTIVE 1** - Support and nurture children's ability to learn*

Encouraging stimulating environments, play-based learning, and identifying and supporting *KidsFirst* children with special needs will promote healthy cognitive development. Research indicates the importance of integrating early learning, child care and parenting support elements to improve children's ability to learn. Some families may identify structured care and learning environments outside the home as an initial necessary support while they address their own social or economic challenges.

Key Actions for 2005-06

- Track early learning activities and child progress.
- Ensure appropriate referrals to existing agencies for children with special needs.
- Maintain 252 child care spaces.
- Maintain 160 early learning opportunities.

GOAL #4

Children living in very vulnerable situations are appropriately served by KidsFirst Program and supports

OBJECTIVE 1 *- Establish and maintain shared accountability mechanisms for processes and outcomes.*

Saskatchewan has taken a community partnership approach to the development and implementation of *KidsFirst*. Leadership of the *KidsFirst* Program is shared by the Province and the communities receiving *KidsFirst* funding. These communities are accountable to Government for reporting on progress and expenditures for the program.

Implementation of the electronic data collection system will be complete in 2005-06, later than the original target of mid-2004. The system will enable development of baseline information and performance targets, reporting on results for 2004-05, and reporting for future fiscal years. The data collected will provide information regarding the program impacts and enable the reporting on the outcome indicators identified in the strategic plan.

Key Actions for 2005-06

- Ensure long-term program sustainability of community *KidsFirst* annual plans.
- Ensure program participation is compliant with *The Freedom of Information and Protection of Privacy Act* and *The Health Information Protection Act.*
- Implement the *KidsFirst* Information Management System (KIMS) to measure performance of the program in relation to the objectives of the program.
- Prepare and publish reports to the public on investments and progress in accordance with provincial and federal requirements.

OBJECTIVE 2 *- Create and maintain a service system for early childhood development that uses a community development approach, is built on existing services, and is integrated, comprehensive, innovative, flexible and inclusive*

Home visiting programs are based on the belief that a knowledgeable resource can connect vulnerable clients with community services appropriately, consistently, and in a timely fashion. Success is in part a function of program delivery in the home. It is also a function of the integration of the *KidsFirst* Program into the community. This objective intends to capture the different dimensions of successful integration.

Key Actions for 2005-06

- Ensure maintenance of appropriate representation on the local management committees, with particular emphasis on Aboriginal representation.

- Continue building partnerships at the community level to effectively provide supports to *KidsFirst* families.
- Continue work at the interdepartmental level for integration of complementary programs that support children and families.

***OBJECTIVE 3** - Identify appropriate families in a timely manner and retain them in the program*

Because the *KidsFirst* Program is targeted to families in very vulnerable circumstances, it is important that processes for the determination of eligibility are effective in selecting appropriate families. The use of 'appropriate' in this objective statement refers to selecting the most vulnerable families for whom the program was intended.

Key Actions for 2005-06

- Enroll 160 new prenatal women in the program, for a total of 355 prenatal women.
- Enroll 557 new postnatal families in the program, for a total of 1,119 families.
- Ensure ratio of home visitors to families is within the provincial guideline of one home visitor for every 12 – 15 families (weighted caseload basis).
- Monitor the effort undertaken to engage families in the program prior to discharge due to 'lack of engagement' and 'unable to contact'.
- Ensure the frequency of home visits for all client families is within the provincial guidelines.

***OBJECTIVE 4** - Families are satisfied with KidsFirst services*

Measuring satisfaction with the services provided is important to ensuring that programs offered are relevant to and meaningful for the participants. Several *KidsFirst* sites have undertaken client satisfaction surveys in order to implement improvements on a local basis. Some of the sites have also moved to evaluation of various aspects of the program. The development of a provincial parent satisfaction survey began in 2004-05. While implementation of the survey was originally intended for 2004-05, this was delayed in order to work extensively with the nine communities on development of the tool. The provincial component of parent satisfaction will be implemented in collaboration with the nine sites.

Key Actions for 2005-06

- Implement a parent satisfaction survey for all *KidsFirst* targeted communities.
- Adjust local program delivery based on parental feedback gained through local satisfaction surveys and evaluations, as well as through the province wide survey.

For More Information

If you would like to obtain further information, ask questions or provide comments on this plan, please contact:

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